


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000121883</b> 1. Entity Name RSC SARAHH MGMT, LLC	
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Principal Place of Business 1660 NE MIAMI GARDENS DRIVE STE ONE NORTH MIAMI BEACH, FL 33179	Mailing Address 1660 NE MIAMI GARDENS DRIVE STE ONE NORTH MIAMI BEACH, FL 33179
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8096536	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROYAL SENIOR CARE LLC 1660 NE MIAMI GARDENS DRIVE STE ONE NORTH MIAMI BEACH, FL 33179
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000869709  
04/09/08-80060-016 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BITTAN, AVI 1660 NE MIAMI GARDENS DR STE 1 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOFFER, AHARON 1660 NE MIAMI GARDENS DR STE 1 NORTH MIAMI BEACH, FL 33179
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u><i>Avi Bittan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3.24.08 <small>Date</small>	305 944-7988 <small>Daytime Phone #</small>